FOR OHF USE

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0040774

Facility Name: WALNUT RIDGE, LTD.

Address: 55 WEST CARPENTER (Number) SPRINGFIELD (City) 62702 (Zip Code)

County: SANGAMON

Telephone Number: (217)525-1880 **Fax #** (217)525-7762

IDPA ID Number: 36-1336091

Date of Initial License for Current Owners: 1/1/95

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve N. Lavenda **Telephone Number:** (847) 236-1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANT'S REPORT ATTACHED (Date)
(Print Name and Title) RICHARD S. SGARLATA
(Firm Name & Address) FROST, RUTTENBERG & ROTHBLATT, P.C.
111 Pfingsten Rd. , Suite 300, Deerfield, Il 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	251	Skilled (SNF)	251	91,866	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	251	TOTALS	251	91,866	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,758	2,680	8,478	14,916	8
9	SNF/PED					9
10	ICF	50,345	11,374	1,467	63,186	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,103	14,054	9,945	78,102	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.02%

D. How many bed-hold days during this year were paid by Public Aid?
121 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1/1/95

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 1/1/95 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 45 and days of care provided 8,222

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	336,157	53,051	19,095	408,303		408,303		408,303			1
2	Food Purchase		341,981		341,981	(2,635)	339,346	(2,609)	336,737			2
3	Housekeeping	234,309	40,598		274,907		274,907		274,907			3
4	Laundry	174,900	42,407		217,307		217,307	(1,156)	216,151			4
5	Heat and Other Utilities			176,191	176,191		176,191	1,110	177,301			5
6	Maintenance	115,446	66,622	59,109	241,177		241,177	7,097	248,274			6
7	Other (specify):*							928	928			7
8	**TOTAL General Services**	860,812	544,659	254,395	1,659,866	(2,635)	1,657,231	5,370	1,662,601			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	2,621,770	140,768	613,231	3,375,769		3,375,769	(2,550)	3,373,219			10
10a	Therapy			1,920	1,920		1,920		1,920			10a
11	Activities	255,850	9,205	990	266,045		266,045		266,045			11
12	Social Services	31,520		1,073	32,593		32,593		32,593			12
13	Nurse Aide Training							171	171			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,909,140	149,973	635,214	3,694,327		3,694,327	(2,379)	3,691,948			16
	C. General Administration											
17	Administrative	74,260			74,260		74,260	257,864	332,124			17
18	Directors Fees											18
19	Professional Services			424,020	424,020		424,020	(284,980)	139,040			19
20	Dues, Fees, Subscriptions & Promotions			70,306	70,306		70,306	(40,569)	29,737			20
21	Clerical & General Office Expenses	180,657	17,156	102,157	299,970		299,970	45,150	345,120			21
22	Employee Benefits & Payroll Taxes			717,794	717,794	2,635	720,429	(8,392)	712,037			22
23	Inservice Training & Education											23
24	Travel and Seminar			15,393	15,393		15,393	703	16,096			24
25	Other Admin. Staff Transportation							41	41			25
26	Insurance-Prop.Liab.Malpractice			130,580	130,580		130,580	1,050	131,630			26
27	Other (specify):*							28,057	28,057			27
28	**TOTAL General Administration**	254,917	17,156	1,460,250	1,732,323	2,635	1,734,958	(1,076)	1,733,882			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,024,869	711,788	2,349,859	7,086,516		7,086,516	1,915	7,088,431			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

WALNUT RIDGE, LTD.
0040774
COST REPORT RECLASSIFICATIONS
01/01/00
12/31/00

SCHEDULE V LINE #			
22	EMPLOYEE BENEFITS	2,635	
2	FOOD		2,635

To reclass cost of employee meals from raw food to employee benefits

33	REAL ESTATE TAX		
19	PROFESSIONAL FEES		

To reclass cost of appealing real estate taxes

Facility Name & ID Number WALNUT RIDGE, LTD. #0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			132,766	132,766		132,766	189,159	321,925			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			222,221	222,221		222,221	513,539	735,760			32
33	Real Estate Taxes			113,155	113,155		113,155	2,610	115,765			33
34	Rent-Facility & Grounds			720,000	720,000		720,000	(720,000)				34
35	Rent-Equipment & Vehicles			15,434	15,434		15,434	10,859	26,293			35
36	Other (specify):*							7,250	7,250			36
37	**TOTAL Ownership**			1,203,576	1,203,576		1,203,576	3,417	1,206,993			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	306,041	197,505	5,771	509,317		509,317	(4,255)	505,062			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			137,800	137,800		137,800		137,800			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	306,041	197,505	143,571	647,117		647,117	(4,255)	642,862			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,330,910	909,293	3,697,006	8,937,209		8,937,209	1,077	8,938,286			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(121,159)	30		9
10	Interest and Other Investment Income	(945)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(612)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(12,350)	21		18
19	Entertainment				19
20	Contributions	(650)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(39,132)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,405)	20		28
29	Other-Attach Schedule	(49,112)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (225,365)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	226,442		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 226,442		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 1,077		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

WALNUT RIDGE, LTD.

ID# 0040774

Report Period Beginning: 01/01/00

Ending: 12/31/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Deferred Maintenance	$	6	1
2	PPA - Food	(685)	2	2
3	PPA - Linen	(1,156)	4	3
4	PPA - Oxygen	(622)	10	4
5	PPA - Advertising	(1,158)	20	5
6	PPA - Therapy	(1,280)	21	6
7	PPA - Penalty	(12,905)	21	7
8	PPA - Seminar	(195)	24	8
9	PPA - Interest	(11,845)	32	9
10	PPA - Hospice	(8,392)	22	10
11	Bank Charge	(321)	21	11
12	Collection Fee	(4,146)	19	12
13	Franchise Tax - building company	(300)	20	13
14	Misc. Income - Cable & B/B service	(1,709)	6	14
15	Misc. Income - Discount Earned	(1,312)	2	15
16	Capitalized R&M	(2,883)	6	16
17	Legal - bill for 1999 service	(203)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53
54				54
55				55
56				56
57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	Total	(49,112)		90

STATE OF ILLINOIS — Summary A

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS	
	A. General Services												(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(2,609)											(2,609)	2
3	Housekeeping													3
4	Laundry	(1,156)											(1,156)	4
5	Heat and Other Utilities			1,110									1,110	5
6	Maintenance	(4,592)		5,668	6,021								7,097	6
7	Other (specify):*			160		768							928	7
8	**TOTAL General Services**	(8,357)		6,938	6,021	768							5,370	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(622)					(1,928)						(2,550)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training			171									171	13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(622)		171			(1,928)						(2,379)	16
	C. General Administration													
17	Administrative				257,864								257,864	17
18	Directors Fees													18
19	Professional Services	(4,349)		(280,631)									(284,980)	19
20	Fees, Subscriptions & Promotions	(41,995)	300	1,122			4						(40,569)	20
21	Clerical & General Office Expenses	(27,506)		67,020	5,636								45,150	21
22	Employee Benefits & Payroll Taxes	(8,392)											(8,392)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(195)		898									703	24
25	Other Admin. Staff Transportation			41									41	25
26	Insurance-Prop.Liab.Malpractice			1,050									1,050	26
27	Other (specify):*			8,883		19,174							28,057	27
28	**TOTAL General Administration**	(82,437)	300	(201,617)	263,500	19,174	4						(1,076)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(91,416)	300	(194,508)	269,521	19,942	(1,924)						1,915	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	(121,159)	305,677	4,641									189,159	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(12,790)	522,976	3,353									513,539	32
33	Real Estate Taxes			2,610									2,610	33
34	Rent-Facility & Grounds		(720,000)										(720,000)	34
35	Rent-Equipment & Vehicles			10,859									10,859	35
36	Other (specify):*		7,250										7,250	36
37	**TOTAL Ownership**	(133,949)	115,903	21,463									3,417	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers						(4,255)						(4,255)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	**TOTAL Special Cost Centers**						(4,255)						(4,255)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(225,365)	116,203	(173,045)	269,521	19,942	(6,179)						1,077	45

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SEE ATTACHED		SEE ATTACHED		SEE ATTEACHED		
				WALNUL RIDGE, LLC		BLDG COMPANY

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	RENT	$ 720,000	WALNUT RIDGE, LLC		$	$ (720,000)	1
2	V	32	INTEREST EXPENSE		WALNUT RIDGE, LLC		524,059	524,059	2
3	V	32	INTEREST INCOME		WALNUT RIDGE, LLC		(1,083)	(1,083)	3
4	V	30	DEPRECIATION		WALNUT RIDGE, LLC		305,677	305,677	4
5	V	36	AMORTIZATION		WALNUT RIDGE, LLC		7,250	7,250	5
6	V	20	FRANCHISE TAX		WALNUT RIDGE, LLC		300	300	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 720,000			$ 836,203	$ * 116,203	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	UTILITIES	$	DYNAMIC HEALTH CARE CONS.	100.00%	$ 1,110	$ 1,110	15
16	V	6	REPAIRS & MAINT.		DYNAMIC HEALTH CARE CONS.		5,668	5,668	16
17	V	7	EMP.BEN. - GEN. SERVICES		DYNAMIC HEALTH CARE CONS.		160	160	17
18	V	13	NURSES AIDE TRAINING		DYNAMIC HEALTH CARE CONS.		171	171	18
19	V	19	PROFESSIONAL FEES		DYNAMIC HEALTH CARE CONS.		2,679	2,679	19
20	V	20	DUES AND SUBSCRIPTIONS		DYNAMIC HEALTH CARE CONS.		1,122	1,122	20
21	V	21	CLERICAL & GENERAL		DYNAMIC HEALTH CARE CONS.		67,020	67,020	21
22	V	24	SEMINARS AND TRAVEL		DYNAMIC HEALTH CARE CONS.		898	898	22
23	V	25	ADMIN. STAFF TRANS.		DYNAMIC HEALTH CARE CONS.		41	41	23
24	V	26	INSURANCE		DYNAMIC HEALTH CARE CONS.		1,050	1,050	24
25	V	27	EMP.BEN. - GEN. ADMIN.		DYNAMIC HEALTH CARE CONS.		8,883	8,883	25
26	V	30	DEPRECIATION		DYNAMIC HEALTH CARE CONS.		4,641	4,641	26
27	V	32	INTEREST		DYNAMIC HEALTH CARE CONS.		3,353	3,353	27
28	V	33	REAL ESTATE TAXES		DYNAMIC HEALTH CARE CONS.		2,610	2,610	28
29	V	35	EQUIPMENT RENTAL		DYNAMIC HEALTH CARE CONS.		10,859	10,859	29
30	V								30
31	V	19	BOOKKEEPING	283,310				(283,310)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 283,310			$ 110,265	$ * (173,045)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	MAINT. CMP. - D. NEHMER	$	DYNAMIC HEALTH CARE CONS.	100.00%	$ 6,021	$ 6,021	15
16	V	10	NURSING CMP - SUE G.		DYNAMIC HEALTH CARE CONS.		0		16
17	V	17	ADMIN. CMP. - M. MAUER		DYNAMIC HEALTH CARE CONS.		48,596	48,596	17
18	V	17	ADMIN. CMP. - M. AARON		DYNAMIC HEALTH CARE CONS.		62,279	62,279	18
19	V	17	ADMIN. CMP. - F. AARON		DYNAMIC HEALTH CARE CONS.		44,811	44,811	19
20	V	17	ADMIN. CMP. - A. STERN		DYNAMIC HEALTH CARE CONS.		39,200	39,200	20
21	V	17	ADMIN. CMP. - S. GOLDSTEIN		DYNAMIC HEALTH CARE CONS.				21
22	V	17	ADMIN. CMP. - S. KOPLIN		DYNAMIC HEALTH CARE CONS.		11,454	11,454	22
23	V	17	ADMIN. CMP. - D. MAGAFAS		DYNAMIC HEALTH CARE CONS.		12,845	12,845	23
24	V	17	ADMIN. CMP. - E. CASSON		DYNAMIC HEALTH CARE CONS.				24
25	V	17	ADMIN. CMP. - S. BOGEN		DYNAMIC HEALTH CARE CONS.				25
26	V	17	ADMIN. CMP. - S. LEVY		DYNAMIC HEALTH CARE CONS.		14,154	14,154	26
27	V	17	ADMIN. CMP. - A. STEINER		DYNAMIC HEALTH CARE CONS.		4,631	4,631	27
28	V	17	ADMIN. CMP. - NON-OWNER		DYNAMIC HEALTH CARE CONS.		19,894	19,894	28
29	V	21	CLERICAL CMP. - S. AARON		DYNAMIC HEALTH CARE CONS.		5,636	5,636	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 269,521	$ * 269,521	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	7	EMP. BEN.- D. NEHMER	$	DYNAMIC HEALTH CARE CONS.	100.00%	$ 768	$ 768	15
16	V	15	EMP. BEN.- SUE G.		DYNAMIC HEALTH CARE CONS.				16
17	V	27	EMP. BEN.- M. MAUER		DYNAMIC HEALTH CARE CONS.		1,358	1,358	17
18	V	27	EMP. BEN.- M. AARON		DYNAMIC HEALTH CARE CONS.		1,579	1,579	18
19	V	27	EMP. BEN.- F. AARON		DYNAMIC HEALTH CARE CONS.		5,528	5,528	19
20	V	27	EMP. BEN.- S. GOLDSTEIN		DYNAMIC HEALTH CARE CONS.				20
21	V	27	EMP. BEN.- S. KOPLIN		DYNAMIC HEALTH CARE CONS.		2,439	2,439	21
22	V	27	EMP. BEN.- D. MAGAFAS		DYNAMIC HEALTH CARE CONS.		2,114	2,114	22
23	V	27	EMP. BEN.- E. CASSON		DYNAMIC HEALTH CARE CONS.				23
24	V	27	EMP. BEN.- S. BOGEN		DYNAMIC HEALTH CARE CONS.				24
25	V	27	EMP. BEN.- S. LEVY		DYNAMIC HEALTH CARE CONS.		1,940	1,940	25
26	V	27	EMP. BEN.- A. STEINER		DYNAMIC HEALTH CARE CONS.		769	769	26
27	V	27	EMP. BEN.- NON-OWNER		DYNAMIC HEALTH CARE CONS.		2,676	2,676	27
28	V	27	EMP. BEN. - S. AARON		DYNAMIC HEALTH CARE CONS.		771	771	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 19,942	$ * 19,942	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		20	DUES, FEES & SUBSCRIPTIONS	$ (15)	LINCOLN MEDICAL SUPPLIES, INC.	100.00%	$ (11)	$ 4	15
16	V		10	MEDICAL SUPPLIES	7,326	LINCOLN MEDICAL SUPPLIES, INC.	100.00%	5,398	(1,928)	16
17	V		39	ANCILLARY EXPENSE	16,171	LINCOLN MEDICAL SUPPLIES, INC.	100.00%	11,916	(4,255)	17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 23,482			$ 17,303	$ * (6,179)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		10A	THERAPY	$ 1,531	DYNAMIC REHAB CONSULTANTS, L.L.C.	100.00%	$ 1,531	$	15
16	V		22	EMPLOYEE BENEFITS		DYNAMIC REHAB CONSULTANTS, L.L.C.	100.00%			16
17	V		39	ANCILLARY SERVICES	1,006	DYNAMIC REHAB CONSULTANTS, L.L.C.	100.00%	1,006		17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 2,537			$ 2,537	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MARSHAL MAUER	OWNER	ADMINISTRATIV	17.34	SEE ATTACHED	4.5	8.92	ALLOC. DYN	$ 48,596	17-7	1
2	ABE STERN	OWNER	ADMINISTRATIV	0.00	SEE ATTACHED	0.89	1.78	ALLOC. DYNAM	39,200	17-7	2
3	MAURY AARON	OWNER	ADMINISTRATIV	18.08	SEE ATTACHED	5	10.04	ALLOC. DYNAM	62,279	17-7	3
4	SUE KOPLIN	OWNER	ADMINISTRATIV	1.80	SEE ATTACHED	7.61	16.90	ALLOC. DYNAM	11,454	17-7	4
5	STEVE LEVY	OWNER	ADMINISTRATIV	1.21	SEE ATTACHED	6.13	11.15	ALLOC. DYNAM	14,154	17-7	5
6	DIANIA MAGAFAS	OWNER	ADMINISTRATIV	1.80	SEE ATTACHED	7.04	15.65	ALLOC. DYNAM	12,845	17-7	6
7	SHARON AARON	RELATIVE	CLERICAL	0.00	SEE ATTACHED	4.46	11.15	ALLOC. DYNAM	5,636	21-7	7
8	FRED AARON	OWNER	ADMINISTRATIV	18.83	SEE ATTACHED	14	28.00	ALLOC. DYNAM	44,811	17-7	8
9	DENNIS NEHMER	OWNER	MAINTENANCE	0.59	SEE ATTACHED	4.46	11.15	ALLOC. DYNAM	6,021	6-7	9
10											10
11											11
12											12
13								TOTAL	$ 244,996		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees) FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number (
Fax Number (

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: DYNAMIC HEALTH CARE CONS.
Street Address: 3359 W. MAIN STREET
City / State / Zip Code: SKOKIE, IL. 60076
Phone Number: (847) 679-8219
Fax Number: (847) 679-7377

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	UTILITIES	PATIENT DAYS	707,726	15	$ 10,055	$ 16,071	78,102	$ 1,110	1
2	6	REPAIRS & MAINT.	PATIENT DAYS	707,726	15	51,362		78,102	5,668	2
3	7	EMP.BEN. - GEN. SERVICES	PATIENT DAYS	707,726	15	1,448		78,102	160	3
4	13	NURSES AIDE TRAINING	PATIENT DAYS	707,726	15	1,550		78,102	171	4
5	19	PROFESSIONAL FEES	PATIENT DAYS	707,726	15	24,272		78,102	2,679	5
6	20	DUES AND SUBSCRIPTIONS	PATIENT DAYS	707,726	15	10,163		78,102	1,122	6
7	21	CLERICAL & GENERAL	PATIENT DAYS	707,726	15	607,305	465,093	78,102	67,020	7
8	24	SEMINARS AND TRAVEL	PATIENT DAYS	707,726	15	8,134		78,102	898	8
9	25	ADMIN. STAFF TRANS.	PATIENT DAYS	707,726	15	372		78,102	41	9
10	26	INSURANCE	PATIENT DAYS	707,726	15	9,517		78,102	1,050	10
11	27	EMP.BEN. - GEN. ADMIN.	PATIENT DAYS	707,726	15	80,498		78,102	8,883	11
12	30	DEPRECIATION	PATIENT DAYS	707,726	15	42,057		78,102	4,641	12
13	32	INTEREST	PATIENT DAYS	707,726	15	30,386		78,102	3,353	13
14	33	REAL ESTATE TAXES	PATIENT DAYS	707,726	15	23,654		78,102	2,610	14
15	35	EQUIPMENT RENTAL	PATIENT DAYS	707,726	15	98,401		78,102	10,859	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 999,174	$ 481,163		$ 110,265	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: DYNAMIC HEALTH CARE CONS.
Street Address: 3359 W. MAIN STREET
City / State / Zip Code: SKOKIE, IL. 60076
Phone Number: (847) 679-8219
Fax Number: (847) 679-7377

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	MAINT. CMP. - D. NEHMER	WGHTD. AVG. HOURS	40	14	54,000	54,000	4	6,021	1
2	10	NURSING CMP - SUE G.	WGHTD. AVG. HOURS	40	1	32,209	32,209			2
3	17	ADMIN. CMP. - M. MAUER	WGHTD. AVG. HOURS	40	14	435,842	435,842	4	48,596	3
4	17	ADMIN. CMP. - M. AARON	WGHTD. AVG. HOURS	45	14	558,156	558,156	5	62,279	4
5	17	ADMIN. CMP. - F. AARON	WGHTD. AVG. HOURS	50	7	160,040	160,040	14	44,811	5
6	17	ADMIN. CMP. - A. STERN	WGHTD. AVG. HOURS	8	14	351,664		1	39,200	6
7	17	ADMIN. CMP. - S. GOLDSTEIN	WGHTD. AVG. HOURS	50	3	179,079	179,079			7
8	17	ADMIN. CMP. - S. KOPLIN	WGHTD. AVG. HOURS	45	10	67,732	67,732	8	11,454	8
9	17	ADMIN. CMP. - D. MAGAFAS	WGHTD. AVG. HOURS	45	10	82,127	82,127	7	12,845	9
10	17	ADMIN. CMP. - E. CASSON	WGHTD. AVG. HOURS	45	2	47,882	47,882			10
11	17	ADMIN. CMP. - S. BOGEN	WGHTD. AVG. HOURS	45	3	119,320	119,320			11
12	17	ADMIN. CMP. - S. LEVY	WGHTD. AVG. HOURS	55	14	126,974	126,974	6	14,154	12
13	17	ADMIN. CMP. - A. STEINER	WGHTD. AVG. HOURS	45	14	41,511	41,511	5	4,631	13
14	17	ADMIN. CMP. - NON-OWNER	WGHTD. AVG. HOURS	45	14	178,292	178,292	5	19,894	14
15	21	CLERICAL CMP. - S. AARON	WGHTD. AVG. HOURS	40	14	50,548	50,548	4	5,636	15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 2,485,376	$ 2,133,711		$ 269,521	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: DYNAMIC HEALTH CARE CONS.
Street Address: 3359 W. MAIN STREET
City / State / Zip Code: SKOKIE, IL. 60076
Phone Number: (847) 679-8219
Fax Number: (847) 679-7377

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	7	EMP. BEN.- D. NEHMER	WGHTD. AVG. HOURS	40		6,887		4	768	1
2	15	EMP. BEN.- SUE G.	WGHTD. AVG. HOURS	40		2,883				2
3	27	EMP. BEN.- M. MAUER	WGHTD. AVG. HOURS	40		12,175		4	1,358	3
4	27	EMP. BEN.- M. AARON	WGHTD. AVG. HOURS	45		14,155		5	1,579	4
5	27	EMP. BEN.- F. AARON	WGHTD. AVG. HOURS	50		19,744		14	5,528	5
6	27	EMP. BEN.- S. GOLDSTEIN	WGHTD. AVG. HOURS	50		18,514				6
7	27	EMP. BEN.- S. KOPLIN	WGHTD. AVG. HOURS	45		14,423		8	2,439	7
8	27	EMP. BEN.- D. MAGAFAS	WGHTD. AVG. HOURS	45		13,516		7	2,114	8
9	27	EMP. BEN.- E. CASSON	WGHTD. AVG. HOURS	45		10,284				9
10	27	EMP. BEN.- S. BOGEN	WGHTD. AVG. HOURS	45		7,029				10
11	27	EMP. BEN.- S. LEVY	WGHTD. AVG. HOURS	55		17,400		6	1,940	11
12	27	EMP. BEN.- A. STEINER	WGHTD. AVG. HOURS	45		6,891		5	769	12
13	27	EMP. BEN.- NON-OWNER	WGHTD. AVG. HOURS	45		23,984		5	2,676	13
14	27	EMP. BEN. - S. AARON	WGHTD. AVG. HOURS	40		6,917		4	771	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 174,802	$		$ 19,942	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: LINCOLN MEDICAL SUPPLIES, INC.
Street Address: 3359 W. MAIN STREET
City / State / Zip Code: SKOKIE, IL. 60076
Phone Number: (847) 679-8219
Fax Number: (847) 679-7377

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	20	DUES, FEES & SUBSCRIPTION	DIRECT ALLOCATION						(11)	1
2	10	MEDICAL SUPPLIES	DIRECT ALLOCATION						5,398	2
3	39	ANCILLARY EXPENSE	DIRECT ALLOCATION						11,916	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 17,303	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: DYNAMIC REHAB CONSULTANTS, L.L.C.
Street Address: 3359 W. MAIN STREET
City / State / Zip Code: SKOKIE, IL. 60076
Phone Number: (847) 679-8219
Fax Number: (847) 679-7377

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10A	THERAPY	DIRECT ALLOCATION						1,531	1
2	22	EMPLOYEE BENEFITS	DIRECT ALLOCATION							2
3	39	ANCILLARY SERVICES	DIRECT ALLOCATION						1,006	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$ 2,537	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	WALNUT RIDGE LLC	X		MORTGAGE PAYABLE			$ 7,250,000	$ 6,925,543			$ 524,059	1
2	CURRENT OWNER	X						846,828			24,609	2
3												3
4												4
5												5
	Working Capital											
6	LA SALLE NATIONAL BANK		X	WORKING CAPITAL	N/A			1,097,000			168,271	6
7	LA SALLE NATIONAL BANK		X	WORKING CAPITAL	N/A			265,000			17,496	7
8												8
9	TOTAL Facility Related						$ 7,250,000	$ 9,134,371			$ 734,435	9
	B. Non-Facility Related*											
10	Supplemental Schedule										1,325	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 1,325	14
15	TOTALS (line 9+line14)						$ 7,250,000	$ 9,134,371			$ 735,760	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1	INTEREST INCOME		X				$	$			$ (945)	1
2	ALLOC DYNAMIC	X									3,353	2
3	INTEREST INCOME - BLDG P	X									(1,083)	3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							$	$			$ 1,325	21

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	70,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	91,765	2
3. Under or (over) accrual (line 2 minus line 1).	$	21,765	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	94,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6	$	115,765	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	61,510	8
	1996	65,474	9
	1997	67,186	10
	1998	68,183	11
	1999	89,155	12

2000 Real Estate Tax Accrual $93,612 = $89,155 X 1.05% , then rounded to $94,000

Real Estate Tax Allocation from Dynamic = $2,610 included in Line 2 Total Taxes Paid.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 61,806 B. General Construction Type: Exterior BRICK Frame _____ Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [X] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	FACILITY		1998	$ 673,051	1
2					2
3	TOTALS			$ 673,051	3

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	251		1998		$ 5,178,968	$ 132,794	35	$ 147,970	$ 15,176	$ 297,363	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1995	20,628	530	20	1,031	501	5,769	9
10	A/C CONDENSOR			1996	1,542	40	20	77	37	353	10
11	ELEVATOR REPAIR			1996	8,157	209	20	408	199	1,904	11
12	WOOD DOORS			1997	2,450	63	20	123	60	431	12
13	LIGHT FIXTURES			1997	1,521	39	20	76	37	260	13
14	TILING			1997	1,242	32	20	62	30	227	14
15	CUBICAL CURTAINS			1997	668	17	20	33	16	121	15
16	WALL CABINET			1997	1,622	42	20	81	39	290	16
17	PATIO COVERS			1997	1,454	37	20	73	36	268	17
18	TILE & PAINT			1997	1,676	131	20	84	(47)	294	18
19	PAILING ON FRONT STE			1997	481	12	20	24	12	84	19
20	CAINTER TIPS CABIN			1997	3,056	78	20	153	75	536	20
21	ASPHALT WORK			1997	8,649	222	20	432	210	1,512	21
22	DRAPES & BLINDS			1997	2,700	69	20	135	66	473	22
23	CUBICAL CURTAINS			1997	1,775	46	20	89	43	312	23
24											24
25	PAGE 12-1 REP TOTALS				48,954	1,255		1,399	144	10,257	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33	PAGE 12C TOTALS				56,591	1,498		1,706	208	2,043	33
34	PAGE 12B TOTALS				71,900	1,497		3,594	2,097	7,931	34
35	PAGE 12A TOTALS				234,502	6,843		11,728	4,885	36,913	35
36	TOTAL (lines 4 thru 35)				$ 5,648,536	$ 145,454		$ 169,278	$ 23,824	$ 367,341	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	LANDSCAPING			1997	7,390	561	20	370	(191)	1,326	9
10	TILING			1997	815	21	20	41	20	150	10
11	PATIO COVERS			1997	3,225	83	20	161	78	564	11
12	CONCRETE PARKING LOT			1997	8,990	691	20	450	(241)	1,596	12
13	MIRRORS (1ST FLR)			1997	475	12	20	24	12	84	13
14	WICK DEUR PLATES			1997	2,003	51	20	100	49	342	14
15	PAINTING			1997	2,790	72	20	140	68	478	15
16	DRAPES & BLINDS			1997	3,004	77	20	150	73	513	16
17	DRAPES & BLINDS			1997	381	10	20	19	9	65	17
18	COUNTER TOPS			1997	1,714	44	20	86	42	294	18
19	PATIENTS ALARMS			1997	2,484	64	20	124	60	372	19
20	REMODELING	See Attached		1997	156,402	4,049	20	7,820	3,771	24,852	20
21	COUNTER TOPS			1997	1,019	26	20	51	25	174	21
22	CABINET			1997	196	5	20	10	5	36	22
23	FLOORING (1ST FLR)			1997	1,053	27	20	53	26	186	23
24	NAILS & CORNER GUARD			1998	4,916	126	20	246	120	718	24
25	LOCKS			1998	5,548	142	20	277	135	646	25
26	REMODELING			1998	2,612	67	20	131	64	393	26
27	DRAPERIES			1998	3,041	78	20	152	74	456	27
28	WINDOW TREATMENTS			1998			20				28
29	VINYL LABOR IN ELEVA			1998	846	22	20	42	20	123	29
30	FLOORING IN HALLWAYS			1998	5,978	153	20	299	146	872	30
31	ROOM SIGNS			1998	2,451	63	20	123	60	359	31
32	CAPITALIZED PAINTING			1998	1,603		20	80	80	160	32
33	DRAPERIES			1998	4,280	110	20	214	104	642	33
34	FLOORING IN HALLWAYS			1998	5,850	150	20	293	143	855	34
35	LOCKS			1998	5,436	139	20	272	133	657	35
36	TOTAL (lines 4 thru 35)				$ 234,502	$ 6,843		$ 11,728	$ 4,885	$ 36,913	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	DRAPERIES			1998	5,025	129	20	251	122	669	9
10	FLOORING & TILING			1998	31,733	814	20	1,587	773	4,232	10
11	STAIRWELL GUARD			1998	2,008	51	20	100	49	267	11
12	GLASS ON WINDOWS			1998	2,700	69	20	135	66	394	12
13	REPLACE DRAIN			1999	1,272	33	20	64	31	96	13
14	PUMP			1999	624		20	31	31	49	14
15	HYDROLIC CONTROL VAL			1999	2,699	69	20	135	66	203	15
16	VACUUM BREAKER			1999	836		20	42	42	67	16
17	ROOM SIGN			1999	645		20	32	32	51	17
18	FLOOR TILES			1999	315	8	20	16	8	25	18
19	TOILET SUPPORT FRAME			1999	846		20	42	42	67	19
20	FIRE DAMPER			1999	2,463	63	20	123	60	185	20
21	FIRE DAMPER			1999	1,321	34	20	66	32	94	21
22	WATER COOLER CONDENS			1999	1,760	45	20	88	43	125	22
23	FIRE DAMPER			1999	1,836	47	20	92	45	123	23
24	DAMPER			1999	2,310	59	20	116	57	174	24
25	COUNTERTOP			1999	625		20	31	31	49	25
26	STEEL STRAINER			1999	677		20	34	34	54	26
27	CONTROL TEMP			1999	557		20	28	28	44	27
28	VALVE KIT			1999	474		20	24	24	38	28
29	WALLPAPER			1999	2,488		20	124	124	196	29
30	PLUGS			1999	637		20	32	32	51	30
31	FLOOR TILES			1999	721	18	20	36	18	57	31
32	FLOOR TILES			1999	1,408	36	20	70	34	140	32
33	PIPE REPAIR KIT			1999	909		20	45	45	71	33
34	PAINT			1999	4,144		20	207	207	328	34
35	STEEL DOOR & FRAME			1999	867	22	20	43	21	82	35
36	TOTAL (lines 4 thru 35)				$ 71,900	$ 1,497		$ 3,594	$ 2,097	$ 7,931	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	FIREPLACE MURAL			1999	1,397		20	70	70	111	9
10	HOODS			1999	575		20	29	29	46	10
11	THERMOSTAT			1999	759		20	38	38	60	11
12	MASONRY RESTORATION			1999	6,990	179	20	350	171	408	12
13	EXHAUST SYSTEM			1999	1,975		20	99	99	157	13
14	KITCHEN PLUMBING			1999	1,695	43	20	85	42	156	14
15	THERMOSTATS			1999	828		20	41	41	65	15
16	ADAPTER			1999	1,571		20	79	79	125	16
17	CUBICLE CURTAINS			2000	854	19	20	39	20	39	17
18	WALLPAPER			2000	1,339		20	33	33	33	18
19	SMOKE DETECTORS			2000	466	2	20	4	2	4	19
20	WALLPAPER & PAINT			2000	1,544		20	71	71	71	20
21	FIRE ALARM INSTALL			2000	332		20	1	1	1	21
22	FIRE ALARM INSTALL			2000	2,275	2	20	10	8	10	22
23	REPAIR SPRINKLER			2000	1,784	2	20	7	5	7	23
24	SMOKE DETECTORS			2000	465	2	20	4	2	4	24
25	SMOKE DETECTORS			2000	399	1	20	3	2	3	25
26	SMOKE DETECTOR SYSTM			2000	9,018	29	20	75	46	75	26
27	COOLER			2000	2,433	348	20	41	(307)	41	27
28	COMPRESSOR			2000	3,140	449	20	79	(370)	79	28
29	AIR CONDITIONER & HE			2000	9,693	135	20	283	148	283	29
30	AIR CONDITIONER & HE			2000	5,793	106	20	218	112	218	30
31	COOLER COMPRESSOR			2000	1,266	181	20	47	(134)	47	31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 56,591	$ 1,498		$ 1,706	$ 208	$ 2,043	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			1993	Dynamic Alloc	$ 48,954	$ 1,255	35	$ 1,399	$ 144	$ 10,257	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 48,954	$ 1,255		$ 1,399	$ 144	$ 10,257	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 1,434,934	$ 283,596	$ 147,346	$ (136,250)		$ 339,062	37
38	Current Year Purchases	76,384	13,696	5,009	(8,687)		5,009	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	$ 1,511,318	$ 297,292	$ 152,355	$ (144,937)		$ 344,071	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Facility	Allocated from Dynamic		$ 1,755	$ 338	$ 292	$ (46)	5	$ 292	42
43										43
44										44
45										45
46	TOTALS			$ 1,755	$ 338	$ 292	$ (46)		$ 292	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 7,834,660	47	
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 443,084	48	
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 321,925	49	**
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ (121,159)	50	
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 711,704	51	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		$	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$	$	$	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

WALNUT RIDGE, LTD.
0040774
RELATED COMPANY MOVABLE EQUIPMENT SCHEDULE
12/31/00

COMPANY NAME	COST	CURRENT BOOK (FED) DEPRECIATION	STRAIGHT LINE DEPRECIATION	ADJUSTMENTS	ACCUMULATED S/L DEPRECIATION
LINE 28: PRIOR YEARS					
WALNUT RIDGE, LTD.	529,599	108,037	56,867	(51,170)	150,630
WALNUT RIDGE, LLC - BUILDING PARTNERSHIP	878,500	172,883	87,850	(85,033)	175,700
DYNAMIC HEALTH CARE CONSULTANTS	26,835	2,676	2,629	(47)	12,732
TOTALS	1,434,934	283,596	147,346	(136,250)	339,062
LINE 29: CURRENT YEAR					
WALNUT RIDGE, LTD.	74,524	13,324	4,916	(8,408)	4,916
WALNUT RIDGE, LLC - BUILDING PARTNERSHIP					
DYNAMIC HEALTH CARE CONSULTANTS	1,860	372	93	(279)	93
TOTALS	76,384	13,696	5,009	(8,687)	5,009
LINE 30: FULLY DEPRECIATED					
WALNUT RIDGE, LTD.					
WALNUT RIDGE, LLC - BUILDING PARTNERSHIP					
DYNAMIC HEALTH CARE CONSULTANTS					
TOTALS					
TOTALS (Should Tie to Totals on Page 13)					
WALNUT RIDGE, LTD.	604,123	121,361	61,783	(59,578)	155,546
WALNUT RIDGE, LLC - BUILDING PARTNERSHIP	878,500	172,883	87,850	(85,033)	175,700
DYNAMIC HEALTH CARE CONSULTANTS	28,695	3,048	2,722	(326)	12,825
TOTALS	1,511,318	297,292	152,355	(144,937)	344,071

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		251		$ 720,000			3
4	Additions							4
5								5
6	WALNUT RIDGE LLC				(720,000)			6
7	TOTAL		251		$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 16,098 Description: SEE ATTACHED
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	FACILITY	1999 FORD ELDORADO	$ 850.00	$ 10,195	17
18					18
19					19
20					20
21	TOTAL		$ 850.00	$ 10,195	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [ ]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				Dynamic
8	Nurse Aide Competency Tests				Allocation
9	TOTALS	$	$	$	$ 171
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-1	hrs	$ 73,433		$ 5,771	$		$ 79,204	1
2	Licensed Speech and Language Development Therapist	39-1	hrs	40,138					40,138	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-1	hrs	192,470					192,470	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-2	# of prescrpts				174,232		174,232	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): **SEE SUPPLEMENTAL SCHEDULE**						23,273		23,273	13
14	TOTAL			$ 306,041		$ 5,771	$ 197,505		$ 509,317	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SUPPLEMENTAL SCHEDULE OF MEDICAL SUPPLIES

	Special Services - Supplies (Column 6 - Other)	Amount
1	Medical Supplies	17,427
2	Rental - Private	328
3	Rental - Medicaid	2,024
4	Radiology	1,162
5	Lab-Medicare	2,286
6	Lab-Medicaid	46
7		
8		
9		
10		
		23,273

	Outside Therapies (Column 5 - Other)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

STATE OF ILLINOIS

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/00 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 161,819	$ 196,045	1
2	Cash-Patient Deposits	13,179	13,179	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	971,545	971,545	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	60,972	60,972	6
7	Other Prepaid Expenses	2,951	2,951	7
8	Accounts Receivable (owners or related parties)	17,611	32,436	8
9	Other(specify): See supplemental schedule	2,036	2,036	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,230,113	$ 1,279,164	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		673,057	13
14	Buildings, at Historical Cost		5,178,967	14
15	Leasehold Improvements, at Historical Cos	402,927	402,927	15
16	Equipment, at Historical Cost	569,306	1,447,806	16
17	Accumulated Depreciation (book methods)	(366,602)	(1,095,083)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	8,854	81,354	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,854)	(24,260)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See supplemental schedule	7,583	7,583	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 613,214	$ 6,672,351	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,843,327	$ 7,951,515	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 417,546	$ 417,546	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,179	13,179	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	541,224	541,224	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,117	14,117	31
32	Accrued Real Estate Taxes(Sch.IX-B)	94,000	94,000	32
33	Accrued Interest Payable	37,907	81,805	33
34	Deferred Compensation			34
35	Federal and State Income Taxes	22,617	22,617	35
	Other Current Liabilities(specify):			
36	See supplemental schedule			36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,140,590	$ 1,184,488	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,208,828	9,134,371	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See supplemental schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,208,828	$ 9,134,371	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,349,418	$ 10,318,859	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,506,091)	$ #REF!	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,843,327	$ #REF!	48

*(See instructions.)

Facility Name & ID Number WALNUT RIDGE, LTD. **#** 0040774 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

SUPPLEMENTAL SCHEDULE OF OTHER ASSETS & LIABILITIES **As of** 12/31/00

OTHER CURRENT ASSETS:	Amount	Amount
Employee Loans	2,036	2,036
	2,036	2,036

OTHER CURRENT LIABILITIES:	Amount	Amount

OTHER NON CURRENT ASSETS:		
Rent Security Deposit	1,000	1,000
Security Deposit	838	838
Deposit on Fixed Assets	5,745	5,745
	7,583	7,583

OTHER NON CURRENT LIABILITIES:	Amount	Amount

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (645,681)	1
2	Restatements (describe):		2
3	**Schedule attached**	(5,700)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (651,381)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,122,710)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Additional Paid-in Capital**	268,000	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (854,710)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (1,506,091)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number	WALNUT RIDGE, LTD.	#	0040774	Report Period Beginning:	01/01/00	Ending:	12/31/00

Balance per General Ledger		(651,381)
Adjustments:		
		-
		-
		-
Redemption of Common Stock		5,700
Total adjustments		5,700
Balance - Beginning of Year		(645,681)
Equity(Deficit) from Page 17 Col 1		(1,506,091)
Related Party		
Equity(Deficit)	-745050	
Income	-116203	
		(861,253)
Combined Equity - End of Year		(2,367,344)

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,963,198	1
2	Discounts and Allowances for all Levels	(2,107,348)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,855,850	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,412,010	6
7	Oxygen	3,930	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,415,940	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	405,626	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	965	19
20	Radiology and X-Ray	3,617	20
21	Other Medical Services	128,535	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22**	$ 538,743	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	945	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 945	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See supplemental schedule	3,021	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 3,021	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,814,499	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,659,866	31
32	Health Care	3,694,327	32
33	General Administration	1,732,323	33
	B. Capital Expense		
34	Ownership	1,203,576	34
	C. Ancillary Expense		
35	Special Cost Centers	509,317	35
36	Provider Participation Fee	137,800	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,937,209	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,122,710)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,122,710)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? CASH BASIS If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number **WALNUT RIDGE, LTD.** **# 0040774** **Report Period Beginning:** **01/01/00** **Ending:** **12/31/00**

SUPPLEMENTAL SCHEDULE OF REVENUES
12/31/00

	DESCRIPTION	AMOUNT
1	Other Outside Services - Cable & B/B (Adjust out on Page 5)	1,709
2	Discounts Earned (Adjust out on Page 5)	1,312
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	TOTALS	3,021

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,129	$ 40,167	$ 18.87	1
2	Assistant Director of Nursing	3,180	3,353	69,681	20.78	2
3	Registered Nurses	30,418	32,099	636,335	19.82	3
4	Licensed Practical Nurses	42,013	44,738	754,489	16.86	4
5	Nurse Aides & Orderlies	103,874	108,928	1,092,314	10.03	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	14,184	15,048	306,041	20.34	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,698	1,751	22,100	12.62	9
10	Activity Assistants	22,010	22,691	233,750	10.30	10
11	Social Service Workers	2,107	2,227	31,520	14.15	11
12	Dietician	2,740	2,841	55,547	19.55	12
13	Food Service Supervisor					13
14	Head Cook	3,031	3,092	25,048	8.10	14
15	Cook Helpers/Assistants	36,850	38,083	255,562	6.71	15
16	Dishwashers					16
17	Maintenance Workers	8,375	8,973	115,446	12.87	17
18	Housekeepers	30,874	32,426	234,309	7.23	18
19	Laundry	21,291	22,446	174,900	7.79	19
20	Administrator	2,050	2,091	74,260	35.51	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,604	17,873	180,657	10.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,168	2,280	28,784	12.62	31
32	Other Health Care(specify)					32
33	Other(specify)	0	0	0		33
34	TOTAL (lines 1 - 33)	345,547	363,069	$ 4,330,910 *	$ 11.93	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	555	$ 19,095	1-3	35
36	Medical Director	Monthly	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,126	10-3	39
40	Physical Therapy Consultant	58	1,920	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	18	990	11-3	44
45	Social Service Consultant	20	1,073	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	650	$ 44,204		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	11,919	$ 337,779	10-3	50
51	Licensed Practical Nurses				51
52	Nurse Aides	17,044	272,326	10-3	52
53	TOTAL (lines 50 - 52)	28,963	$ 610,105		53

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUPPLEMENTAL SCHEDULE OF STAFFING AND SALARY COSTS

B. CONSULTANT SERVICES

# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
			$
0	0	$ 0	$ #DIV/0!

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
JULIA SMITH	ADMINISTRATIVE		$ 74,260
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 74,260

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
VARIOUS - SEE ATTACHED	LEGAL	$ 82,646
DYNAMIC HEALTH CARE	BOOKKEEPING	283,310
PERSONNEL PLANNERS	UNEMPLOYMENT CONSULT	13,415
HEALTHCARE HORIZON	COMPUTER	4,300
F R& R	ACCOUNTING	31,185
HEALTH DAT SYSTEMS	DATA PROCESSING	5,018
GIFFIN, WINNING, COHEN	COLLECTION FEES	4,146
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 424,020

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 97,969
Unemployment Compensation Insurance	77,852
FICA Taxes	323,950
Employee Health Insurance	125,014
Employee Meals	2,635
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE BENEFITS	84,617
TOTAL (agree to Schedule V, line 22, col.8)	$ 712,037

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	21,931
Health Care Worker Background Check	489
(Indicate # of checks performed 69)	
Yellow Page Advertising	1,405
Promotional Advertising	39,132
Licenses & Fees	1,159
Dues & Subscriptions	4,832
Allocation from Dynamic	1,122
Allocation from Lincoln	4
Less: Public Relations Expense	( )
Non-allowable advertising	(39,132)
Yellow page advertising	(1,405)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,737

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	13,700
Allocation from Dynamic	898
Seminar Expense	1,498
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 16,096

**See instructions.

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number WALNUT RIDGE, LTD. # 0040774 Report Period Beginning: 01/01/00 Ending: 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? YES

(2) Are there any dues to nursing home associations included on the cost report? NO
If YES, give association name and amount. NO

(3) Did the nursing home make political contributions or payments to a politica action organization? NO If YES, have these costs been properly adjusted out of the cost report? N/A

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? N/A

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10YEARS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 18 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A

(9) Are you presently operating under a sublease agreement? X YES NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 137,799
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 2,635 Has any meal income been offset against related costs? N/A Indicate the amount. $ N/A

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation. N/A
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees

Date: **07/17/2000**

To: **Administrator/Cost Report Preparer**

From: **Office of Health Finance**

Re: 2000 Long Term Care Cost Report and Instructions on Diskette
Information Regarding the Lotus 5.0 and Excel 97 Versions of the Cost Report

Enclosed you will find a copy of the 2000 cost report and instructions on diskette. For 1999, the majority of nursing homes used the diskette to prepare their cost report. We would appreciate it if you could complete your 2000 cost report using this diskette.

If you choose not to use the diskette, you may print the 2000 cost report form and manually complete the report. If you do not have the ability to print the cost report form and instructions, please contact our office at 217/782-1630 to request a paper copy to be mailed to you.

As is stated on page 1 of the cost report instructions, this report should cover the facility's fiscal year ending in 2000. It is due on September 30, 2000, or ninety days after the close of the facility's fiscal year, **whichever comes later**. Please refer to the instructions for the remainder of the filing requirements.

There are two 2000 cost report files on the disk you have received. One file has been created for use with Lotus 5.0 for Windows. The other file has been created for use with Excel 97. A copy of the 2000 cost report instructions has been included on the diskette also. The name of the file is Instr00. It has been created for use with Word Perfect 6.1. Please use this 2000 diskette. **Printed copies of the report from the 1999 cost report diskette or earlier diskettes will NOT be accepted.**

Each page is on a separate worksheet. The file has been sealed. The cells where data is to b entered have been unprotected. Do not change the cost report form. We must have every form the same. Any changes made to the cost report form will cause us to consider the filed cost report incomplete until the form is correctly filed. Complete page one first. The facility name, IDPH ID# and the report period dates have been linked to each page. (Be sure to enter the IDPH licensed name of the facility.) **When entering data on pages 3 and 4, do not include decimals. Please round to whole numbers. When entering the years on page 12 do not enter various or other text in columns 2 or 3.**

Print macros have been written that will print each individual page or the entire report.

WARNING: Do NOT use drag & drop, cut or move commands. These commands may ruin the file and/or formulas. Then you will have to close the file and start from the last time you saved it.

As you know, save your work frequently to prevent losses of large amounts of information.

The cost report must be printed on 8 ½ by 14 size white paper with an 8 ½ by 14 image on the paper. To ensure an 8 ½ by 14 size image, check the paper size in the Printer Setup. When printing the cost report, be sure the "Selected Range" is checked. If "Current Worksheet" or "A Worksheets" are selected, the printed report will be smaller than it should be. These three selections appear in the Print dialog box. **Please do not reduce the image to 8 ½ by 11. We cannot accept a report with an 8 ½ by 11 image.** After printing the cost report, please review the copy for accuracy and completeness before mailing it to The Office of Health Finance. **Please send in the completed diskette with your paper copy, (being sure to make a copy of the diskette for your records).** Also, please make sure both the completed diskette and the paper copy agree prior to sending to our office.

Notes Applicable only to Lotus users

The entire cost report is in one file named Report00.wk4. A print preview button has been added to the bottom of each page. You may want to preview each page to ensure there are no problems before you print the entire cost report. To preview a page, click this button, then click File-Preview as normal. Also, macros have been written that will allow you to change the column width or row height of a cell or range of cells. **Only use these commands on the extra pages (24 through 33).** The print menu or the other macros menu will appear on the menu ba after you click the macro button. A macro that allows you to "Freeze Both Titles" has been added also. This will be helpful for data entry. **When saving the file in Lotus, please save it as a "WK4" file type instead of a "123" file type. To do this, click File-Save As, and then ensure the file type is "WK4".**

To copy worksheets that you have created into the blank pages at the end of the report, use Fi Combine. This will bring in the styles you used in your worksheet (except for the column width and the row height). This does not work if you are using Lotus 97. Extra sheets for pages 6, 8 and 12 have been included in the file. Click the macro buttons on these pages to make them available.

Notes Applicable only to Excel users

The entire cost report is in one file named Report00.xls. In an Excel 97 file that has been seale you can press the Tab key to go to the next unprotected cell. By pressing Shift-Tab, you can g to the previous unprotected cell. Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available. Also there are some blank unprotected sheets after "Page 23".

If you have any questions concerning the diskette, please call Randy Hulskotter at (217) 782-1630.

RH/cw